MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET. (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL TOTAL DEP.

SERIAL NO.

FILING DATE

Service Control

TOTAL CLAIMS

建设产

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